

SEP 29 2008

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TRANSMITTAL FORM	Application Number	10/517,407
	Filing Date	December 4, 2004
	First Named Inventor	Gal-Oz
	Art Unit	2623
	Examiner Name	Hicks, Charles N
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	21	Attorney Docket Number 18481-005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Lawson & Weitzen, LLP		
Signature	<i>Sonia K. Guterman</i>		
Printed name	Sonia K. Guterman		
Date	September 29, 2008	Reg. No.	44,729

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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10/517,407
Response
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Gal-Oz	Docket No.:	18481-005
Serial Number:	10/517,407	Examiner :	Charles Hicks
Filing Date:	December 4, 2004	Art Unit :	2623
For:	Context aware transmission management method		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Response

This paper is in response to an Office action mailed July 11, 2008 from the United States Patent and Trademark Office.

As this Response is submitted on or before October 11, 2008, Applicant believes that no extension fee is due. However, in the event that an extension of time is required it is hereby petitioned, and the Commissioner is hereby authorized to charge any fees that may be due to Deposit Account No. 503344, Ref. No. 18481-005.

Amendments to the specification begin on page 2.

Amendments to the claims begin on page 3.

Remarks begin on page 6.

Certificate of Deposit Under 37 C.F.R. § 1.8(a)

Pursuant to 37 C.F.R. § 1.8(a), I hereby certify that the attached Response to the Office action is being deposited with the United States Patent and Trademark Office via facsimile to 571-273-8300.

Date: September 29, 2008


Signature of person mailing paper
